

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

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Check One: Initial Amendment (Explain) _____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) **Kimmel-Dagostino, Leilani A** DAYTIME TELEPHONE NUMBER [REDACTED] FAX NUMBER (optional) () E-MAIL (optional) [REDACTED]

STREET ADDRESS [REDACTED] CITY **Torrance** STATE **CA** ZIP CODE **90503**

OFFICE SOUGHT (POSITION TITLE) **Torrance City Council** AGENCY NAME _____ DISTRICT NUMBER, if applicable _____ NON-PARTISAN PARTY: _____

OFFICE JURISDICTION
 State (Complete Part 2.)
 City County Multi-County: **Torrance** (Name of Multi-County Jurisdiction) **2014** (Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

 (Year of Election) **Primary/general election** _____
 (Year of Election) **Special/runoff election**

(Check one box)

I accept the voluntary expenditure ceiling for the election stated above.

I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

I did not exceed the expenditure ceiling in the primary or special election held on: ____/____/____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

On ____/____/____, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on JUNE 3, 2013
(month, day, year)

Signature [REDACTED]